# CITY OF BALTIMORE

Selection of Focus Area

In December, 1998, a five-year plan was developed by the Baltimore City Health Department. This effort produced a strategic plan which provided a conceptual framework for implementing collaborative strategies for improving the health and shaping the future direction of the public health system in Baltimore. Six major priorities were identified: 1) access to health care for all; 2) reduction of substance abuse and related issues; 3) reduction/elimination of adolescent and child morbidity and mortality; 4) prevention of adolescent and child morbidity and mortality; 5) community participation in environmental health issues; 6) cancer awareness and early detection. Because access to health care is an overarching issue, success in this one priority will help ensure success in all other priorities.
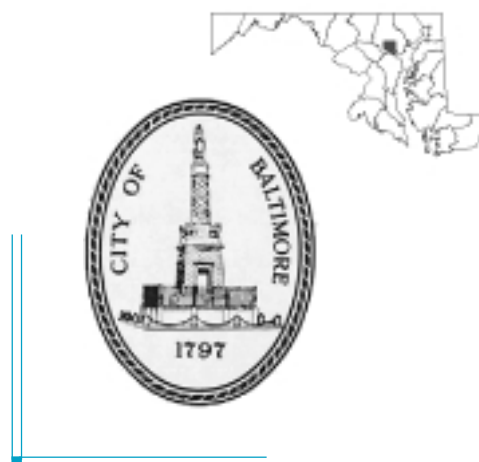
DEMOGRAPHIC OVERVIEW

Estimated Population, by Race – 1998
Total 645,690
White 31.8%
Other 68.3%

Estimated Population, by Age – 1998

Under 1 9,350	18-44 265,930
1-4 37,500	45-64 128,310
5-17 119,980	65+ 84,520

All causes Mortality Rate (age-adjusted, per 100,000 population) 1996-1998 .... 844.3

Infant Mortality Rate 1995-1999 .... 12.7

Estimated Mean Household Income – 1999 .... $46,600
Estimated Median Household Income – 1999 .... $34,500

Civilian Unemployment Rate, Annual Average – 1999 .... 7.1

Labor force (Top 4) – 1995

Services 184,300	State & Local Government 69,800
Government (Federal, Military) 87,600	Retail Trade 52,100

Sources: Maryland Vital Statistics, 1999
Maryland Department of Planning, 1995, 1998, 1999

Access to Health Care

Definition

The Institute of Medicine defines access to health care as "the timely use of personal health services to achieve the best possible health outcomes."

Problem

The timely use of personal health services is often compromised when one is unable or unwilling to pay for care. The uninsured or underinsured population of Baltimore face this challenge. Access to care is also impeded when one is unaware of available health services or when these services do not exist. Finally, social and cultural factors may constitute serious barriers to health care access.

Determinants

Health Insurance

Lack of health insurance coverage is a major barrier to receiving timely and appropriate health care. According to the Current Population Survey (March 1999), approximately 44.3 million (16.3%) Americans are uninsured. In Maryland, approximately 16.6% of the population are uninsured. Finally, an estimated one in four Baltimore residents does not have health insurance.

In certain segments of the Baltimore City population, the rate of uninsurance is even higher. For example, a recent survey suggests that among Baltimore City male residents between 19 and 64 years of age, the rate of uninsurance exceeds 50%.

There are also significant racial/ethnic and age disparities in health insurance coverage. According to a three year aggregate analysis (1996-1998) of Baltimore residents from the Maryland Behavioral Risk Factor Surveillance Survey (MBRFSS), African-Americans are more than twice as likely to be uninsured compared to white persons. Baltimore residents between the ages of 18 and 24 are the most vulnerable group with a rate of 43.4% followed by the age group 25-34 at 39.2% and the 35-44 age group at 33.9%, while their counterparts in the 45-64 age group have a rate of 10.3%.

In addition, Baltimore has a significant population of children without health insurance. A large number of these children are eligible for the Maryland Children's Health Program (MCHP) but remain uninsured for many reasons including lack of awareness that the program exists. As a result, they may elude even such basic services as immunization.

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Ability to Pay for Care

Many wage earners lack insurance by virtue of low earning power that also precludes the purchase of costly health services when needed. According to 1998 MBRFSS data, approximately 52% of uninsured Baltimorians are employed. However, 47% live in households with incomes less than $25,000 per year. Of employees covered by employer based health insurance, 14% are not enrolled, according to a Health System Change Survey from 1997-98. The availability of affordable health insurance remains a significant barrier to care.

The presence of health insurance does not ensure adequate coverage for some necessary services. Due to high deductibles, premiums or copayments, the underinsured may lack access to primary and preventive care.

Profile of the Uninsured Population of Baltimore, 1998
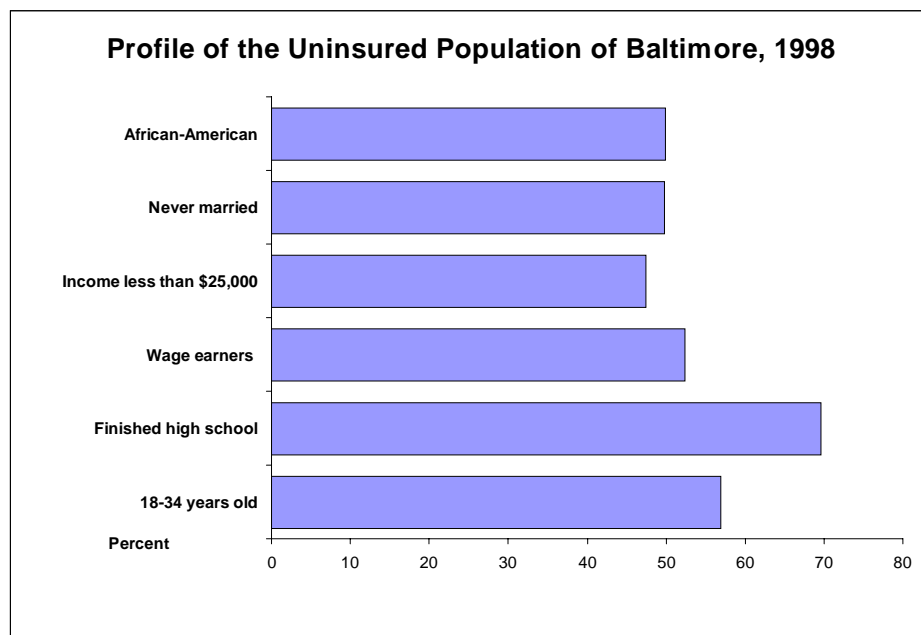
Source: Behavioral Risk Factor Surveillance System, 1998

Availability of Services

For many Baltimore residents who do not fit into specific income, age, and/or gender categories, there is no health care safety net. For example, there are limited services for uninsured post-menopausal women, adolescents between 19 and 21, and males under age 65. In addition, the large number of managed care organizations (MCOs) reduces the City's capacity for uncompensated care, thereby making it more difficult for these populations to access health services.

Social and Cultural Barriers

Many other factors impede timely and appropriate care. These include the lack of provider's cultural competence, language barriers, consumer's difficulty navigating the health care system, lack of transportation, lack of child care, inconvenient hours of operation, inadequate outreach programs, lack of focus on preventive service and the fear of devastating diagnoses.

Objective 1 - By 2002, develop a system to accurately assess and monitor the health coverage needs of residents of Baltimore.

Action Steps

⇨   Collect and analyze information concerning access to and utilization of health care.

⇨   Identify and prioritize target populations and barriers to universal access and utilization of health care for all Baltimoreans.

Objective 2 - By 2010, implement a citywide health plan, which provides affordable access to health care for all Baltimoreans.

Action Steps

⇨   Support incremental changes in health policy and legislation.

⇨   Expand MCHP enrollment to all eligible residents.

⇨   Increase treatment capacity for uninsured and underinsured residents.

⇨   Increase the number of school-based health centers.

⇨   Increase public health education/promotion efforts to raise awareness of eligibility requirements for enrollment in Maryland Pharmacy Assistance Program and Maryland PrimaryCare, particularly among those between the ages of 19-64.

⇨   Expand support and outreach services.

⇨   Increase the dental services capacity.

⇨   Create an Office of Research, Grants, and Evaluation.

⇨   Use the forum provided by the Urban Health Coalition to advocate for the need for greater and improved access to portals of entry into the health care system across the network of private and public providers.

Partners

Abell Foundation • Advocates for Children and Youth • The Annapolis State Assembly • Annie E. Casey Foundation • Baltimore City Health Department • Community Voices • The Federal Government • Johns Hopkins University • Kellogg Foundation • Maryland Citizens' Health Initiative • Maryland Department of Health and Mental Hygiene • Maternal and Child Health Consortium • Open Society Foundation • Robert Wood Johnson Foundation • Safe and Sound Foundation • University of Maryland, Baltimore County • Vision for Health

References

Health Insurance Association of America. (1999, December 8). "55 million Americans will lack health insurance by 2008." Press release. Available: http://www.hiaa.org/news/news-current/press-releases/release121.html.

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Cross-Reference Table for the City of Baltimore

See Also